

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-033904

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **43** Primary Registration District No. **3007** Registrar's No. **1021**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in lb <b>97 DAYS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>BOX 268</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>MARVIN</b> Last <b>KIRK</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>1</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-19-91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POSTAL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. POST OFFICE</b>	11. BIRTHPLACE (City and state or country) <b>CAMDEN TENN</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN L. KIRK</b>	
13b. MOTHER'S MAIDEN NAME <b>SARAH ALLEN</b>		14. NAME OF HUSBAND OR WIFE <b>LENA KIRK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT Address <b>VA HOSPITAL RECORDS POPLAR BLUFF, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MALIGNANT TUMOR OF LUNG TYPE UNDETERMINED</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Dexter, Missouri</b>	
20g. COUNTY <b>Dexter</b>		20h. STATE <b>Missouri</b>	
21. attended the deceased from <b>June 26, 1962</b> to <b>Oct. 1, 1962</b> Death occurred at <b>6:10AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Robert S. Cohen</b> <b>ROBERT S. COHEN M.D. Chief Med Svd.</b>	
22b. ADDRESS <b>VA. HOSPITAL POPLAR BLUFF, MO</b>		22c. DATE SIGNED <b>10-1-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-3-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>	23d. LOCATION (City, town, or county) <b>Dexter, Missouri</b>
24. FUNERAL DIRECTOR <b>Rainey Funeral Home, Dexter, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-5-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

2961 9 T 100

- 2 -

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Raymond L. Duffie*

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.